



Volunteer Application – Directions

2020/2021 Mission Dates for Antigua and San Benito

San Benito: October 30 – November 6, 2020 (ENT and hearing clinic)

Antigua: Friday, January 29 – Saturday, February 13, 2021

San Benito: Spring 2021 TBD

Please complete the application and waiver forms and submit with the following information:

- ❑ Brief Resume/Curriculum Vitae (for new applicants only)
- ❑ Nurses applying to work with Medicos en Accion are required to submit a copy of their current Registered Nursing License.
- ❑ Physicians are required to submit a copy of their current licence, medical degree and, if applicable, specialist certificate.
- ❑ Please send a copy of your passport (photo page). Please be sure that your passport will be valid through your length of stay in Guatemala **plus** six months.
- ❑ Medicos en Accion - Guatemala Surgical team leaders will review all applications in the order received and you will be notified of the decision on your application.
- ❑ **Note: A non-refundable** donation of \$250 must accompany your application (no exceptions). When you have been accepted to the team, your cheque will be cashed. This amount will be included in the tax receipt issued after the mission. Please note: in the event a mission to Guatemala must be canceled because of a Canadian government travel warning about COVID-19, deposits will be refunded.
- ❑ Mission costs including accommodation, airport transfers in Guatemala, medications, supplies, some meals and other direct costs are covered by team members. Fees for the 2021 Antigua mission are:

Two week mission donation	One week mission donation
\$ 800 USD Nurses and support volunteers	\$600 USD Nurses and support volunteers
\$1000 USD Physicians	\$800 USD Physicians
- ❑ A tax receipt for mission donations, the application donation and personal travel expenses is issued after you submit your mission expense receipts. Costs for San Benito are being determined.

Mail application, cheque, supporting documents and waiver form by September 9, 2020 to:

Brenda Uhrynuk
1431 Frontier Place
Nanaimo, BC V9X 1P5



Volunteer Application

2020/2021 Guatemala Surgical Teams

PERSONAL INFORMATION

Last Name _____ First Name _____ Initial _____

Street _____ City _____

Province/State _____ Postal/Zip Code _____

Contact Information

Email _____

Home _____ Work _____

For new volunteers: T-shirt size: Small Medium Large X-large

Mission Selection

- San Benito (Flores) October 30 – November 6, 2020 (ENT and Hearing Clinic)
- Antigua (*Select one*) January 29 - February 13, 2021
 Week one: January 29 - February 6
 Week two: February 6 - February 13
- San Benito (Flores) Spring 2021 TBD (ENT and Hearing Clinic)

VOLUNTEER OBJECTIVE

Physician:

- Surgeon: General OB/GYN ENT
- Surgical Assistant
- Anaesthesia

Nurse:

- Registered Nurse Operating Room
- Registered Nurse Post Anaesthetic Recovery Room

Hearing Clinic:

- Audiologist

Team Support:

- Translator
- General volunteer (very limited opportunities)



LIABILITY and MEDICAL RELEASE and PHOTO WAIVER

Voluntary - My participation in the activities and work of Medicos en Accion is strictly voluntary. Some of the work is strenuous and I state that I am in good health and able to participate in the work and activities assigned to me. I will fully disclose any physical limitations I may have that would prevent me from participating fully in the work. I acknowledge that immunizations and health clearance is my sole responsibility and as a member of Medicos en Accion will take any and all recommended precautions to protect my health.

Assumption of Risk - I hereby acknowledge that I know and fully understand that travelling and working in a developing country such as Guatemala, involves possible risks and dangers, including but not limited to: health problems (malaria, hepatitis, cholera, typhoid fever, dysentery, dengue fever, parasites, AIDS, robberies, kidnapping, vehicular accidents, volcanic eruptions, earthquakes, armed insurrections, all of which may result in (a) personal ill health, (b) loss of personal property and (c) serious bodily injury including death. I realize that my participation in any of these activities is strictly voluntary and that I assume the risks associated with these activities. **If death or medical emergency should occur while volunteering in Guatemala with Medicos en Accion, my family and or estate will take full responsibility for all costs associated with my care and transportation.**

Waiver - I release the sponsors, organizers, volunteers, their affiliates, directors, officers, trustees, representatives, or agents from all actions or claims of any kind that relate to my participation in the activities of Medicos en Accion. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives, and assignees.

Hold Harmless - I hold the sponsors, organizers, volunteers, and sponsoring institutions and all leaders and directors harmless and indemnify them against all actions or claims (including reasonable attorneys' fees, judgments and costs) with respect to any injuries, death, or other damages or losses, resulting from my participation in the activities of Medicos en Accion.

Medical Treatment - If I am injured during my time with Medicos en Accion the organizers or volunteers may render medical services to me or request that others provide such services. By taking such action, the organizers and volunteers are not admitting any liability to provide or to continue to provide any such services and that such action is not a waiver by the organizers or volunteers of any rights under this release and waiver. Should I require transport to a medical facility as a result of an injury, I am financially responsible for such transportation and medical treatment costs. If I am injured while working with Medicos en Accion, it is my responsibility to seek appropriate medical care and to notify the group executive. I agree to take full responsibilities for obtaining my own travel medical insurance including medical evacuation insurance and that the financial responsibility for obtaining this is my own.

Illegal Activities - I agree to abide by all the laws of the host country and I agree to abstain from any and all illegal activities while working with Medicos en Accion including the use, sale, import or export of illegal substances. The Undersigned acknowledges and understands that should the Participant have or develop legal problems with any foreign nationals or with any government while participating with Medicos en Accion they will attend to the matter personally with the Participant's own personal funds. Medicos en Accion is not responsible for providing any assistance under such circumstances.

Photographs/Video - I agree and give permission for any pictures or videos taken of me, my children/dependents during a Medicos en Accion mission can be used by Medicos en Accion for promotional purposes. I understand the importance of patient and volunteer privacy and agree to obtain verbal consent and use discretion before posting images to social media.

My signature certifies that I have read the above statement of responsibility and I understand and agree to the conditions thereof. Any questions I may have had about this document were answered to my satisfaction.

Participant Printed Name

Participant Signature

Witness Printed Name

Witness Signature

Date: _____ :

In Case of Emergency

Emergency Contact person: _____

Relationship: _____

Emergency contact's phone number: _____

Emergency contact's email: _____

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Nanaimo, BC V9X 1P5

Medicos en Accion Charitable Tax #869569418